

Case Number:	CM15-0184599		
Date Assigned:	09/23/2015	Date of Injury:	01/09/2012
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old female who sustained an industrial injury on 01/09/2012. Medical records (04/21/2015 to 08-18-2015) indicated the worker was treated for hip arthralgia, muscle weakness, and sprain and strain of the hip and thigh. The worker underwent left shoulder arthroscopy (09-27-2014), and left hip arthroscopy (09-26-2014). She continued to complain of a pinching pain radiating into the groin. Prior treatments for this pain include medications and home exercise program. In the provider notes of 08/18/2015, the injured worker complained of ongoing pain in the groin that was getting worse. There was no documentation of the intensity or frequency of her pain. On examination, the worker had an antalgic gait. The left hip was tender to palpation over the anterior hip and groin, and over the buttock. A MRI of 05-05-2015 was reported to show mild degenerative changes of the lower lumbar spine, and a fibroid in the uterus. There was a trace of left hip joint effusion, but the impression of the MRI was that it was otherwise normal. Treatment plans included Naproxen 550 mg, and Flurbiprofen cream (since 06-09-2015) which were dispensed in the office. Current medications also included Acetaminophen-Codeine, Amlodipine, Losartan, and Metformin. In the 08-18-2015 notes, there was no documentation of the worker's response to medications. Urine toxicology reports were reviewed in the 08-18-2015 visit. No further comment on the toxicology report was made. She remains temporarily very disabled. A request for authorization was submitted for Compound cream 30 gram, compound cream 120 gram, and Naproxen Sodium 550mg #60. A utilization review decision 08/25/2015 non-certified the request for Compound cream 30 gram, and non-certified the request for Compound cream 120 gram, and authorized the request for Naproxen Sodium 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compound cream 30 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with left hip pain that radiates into the groin. The current request is for compound cream 30 gram. The treating physician states 8/18/15 (29B) "flurbiprofen cream - dispensed in office." MTUS guidelines do not support the usage of Flurbiprofen cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. MTUS goes on to give a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This patient presents with hip pain for which topical NSAIDs are not supported. In this case, the clinical records provided did not fully document the contents of the compounded topical cream and the current request is not specific for what type of compound cream is being requested. Without these details, the current request is not supported by the MTUS guidelines. The current request is not medically necessary.

Compound cream 120 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with left hip pain that radiates into the groin. The current request is for compound cream 120 gram. The treating physician states 8/18/15 (29B) "flurbiprofen cream - dispensed in office." MTUS guidelines do not support the usage of Flurbiprofen cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. MTUS goes on to give a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This patient presents with hip pain for which topical NSAIDs are not supported. In this case, the clinical records provided did not fully document the contents of the compounded topical cream and the current request is not specific for what type of compound cream is being requested. Without these details, the current request is not supported by the MTUS guidelines. The current request is not medically necessary.